

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # L94532

1. Entity Name

ODEBRECHT CONSTRUCTION, INC.



Principal Place of Business

201 ALHAMBRA CIR
SUITE 1400
CORAL GABLES FL 33134

Mailing Address

201 ALHAMBRA CIR
SUITE 1400
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0220703

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRISTIANI, ALEXANDER
201 ALHAMBRA CIR
SUITE 1400
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

200030600172

03/17/04 01025-018 ***158-75
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CDV ☐ Delete
NAME ODEBRECHT, MONICA BAHIA
STREET ADDRESS PRAIA DE BOTAFOGO, 300
CITY-ST-ZIP RIO DE JANEIRO 22250

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME ROCHA, LUIZ AUGUSTO DE TEIVE E ARGOLLO DA
STREET ADDRESS 201 ALHAMBRA CIRCLE, STE. 1400
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME FILHO, LUIZ PEREIRA DE ARAUJO
STREET ADDRESS PRAIA DE BOTAFOGO, 300
CITY-ST-ZIP RIO DE JANEIRO 22250

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME CHRISTIANI, ALEXANDER
STREET ADDRESS 201 ALHAMBRA CIRCLE, #1400
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME ALMEIDA, CLAUDIO AUGUSTO DE
STREET ADDRESS 201 ALHAMBRA CL. STE. 1400
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME NEVES, GILBERTO
STREET ADDRESS 201 ALHAMBRA CL. STE. 1400
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alexander
Christiani

03/09/04 (305)341-8800

Date

Daytime Phone #

FILED

04 MAR 12 AM 7:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA



MOORE

CR2E034 (11/03)

DOCUMENT # L94532

ATTACHMENT

2004 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

10. OFFICERS AND DIRECTORS (Continuation)

TITLE: V
NAME: LUZ, KÁTIA ARAGÃO DA
STREET ADDRESS: 201 ALHAMBRA CIRCLE, SUITE 1400
CITY – ST – ZIP: CORAL GABLES, FL 33134

TITLE: V
NAME: TEPEDINO, MARCOS STEINTAL
STREET ADDRESS: 201 ALHAMBRA CIRCLE, SUITE 1400
CITY – ST – ZIP: CORAL GABLES, FL 33134

TITLE: V
NAME: SUFFREDINI, PAULO ROBERTO
STREET ADDRESS: 201 ALHAMBRA CIRCLE, SUITE 1400
CITY – ST – ZIP: CORAL GABLES, FL 33134